

HIGHLAND HEIGHTS HEALTH CARE CENTER
3216 W HIGHLAND BLVD

MILWAUKEE 53208 Phone:(414) 344-6515
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 95
Total Licensed Bed Capacity (12/31/04): 95
Number of Residents on 12/31/04: 78

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 83

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		26.9
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		46.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	41.0	More Than 4 Years		26.9
Day Services	No	Mental Illness (Org./Psy)	5.1	65 - 74	26.9			-----
Respite Care	No	Mental Illness (Other)	42.3	75 - 84	24.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	7.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	5.1	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	59.0	-----		
Transportation	No	Cerebrovascular	10.3		-----	RNs		2.6
Referral Service	No	Diabetes	29.5	Gender	%	LPNs		19.5
Other Services	No	Respiratory	1.3	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	3.8	Male	66.7	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	33.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	
Int. Skilled Care	0	0.0	0	9	13.2	137	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9
Skilled Care	2	100.0	305	52	76.5	118	1	100.0	118	1	100.0	143	5	100.0	118	1	100.0	143	62
Intermediate	---	---	---	7	10.3	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Total	2	100.0		68	100.0		1	100.0		1	100.0		5	100.0		1	100.0		78

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
Private Home/No Home Health	13.6	Daily Living (ADL)	Independent	Assistance of		Dependent	Number of		
Private Home/With Home Health	3.6	Bathing	9.0	One Or Two Staff		14.1	Residents		
Other Nursing Homes	3.6	Dressing	23.1	76.9		10.3	78		
Acute Care Hospitals	56.4	Transferring	44.9	66.7		14.1	78		
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	30.8	41.0		25.6	78		
Rehabilitation Hospitals	0.9	Eating	57.7	43.6		6.4	78		
Other Locations	21.8	*****							
Total Number of Admissions	110	Continence	% Special Treatments						
Percent Discharges To:		Indwelling Or External Catheter	10.3	Receiving Respiratory Care	1.3				
Private Home/No Home Health	22.0	Occ/Freq. Incontinent of Bladder	43.6	Receiving Tracheostomy Care	0.0				
Private Home/With Home Health	18.7	Occ/Freq. Incontinent of Bowel	38.5	Receiving Suctioning	0.0				
Other Nursing Homes	4.1			Receiving Ostomy Care	3.8				
Acute Care Hospitals	36.6	Mobility		Receiving Tube Feeding	6.4				
Psych. Hosp.-MR/DD Facilities	1.6	Physically Restrained	5.1	Receiving Mechanically Altered Diets	11.5				
Rehabilitation Hospitals	0.0								
Other Locations	8.1	Skin Care		Other Resident Characteristics					
Deaths	8.9	With Pressure Sores	2.6	Have Advance Directives	6.4				
Total Number of Discharges		With Rashes	0.0	Medications					
(Including Deaths)	123			Receiving Psychoactive Drugs	66.7				

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group % Ratio	Bed Size: 50-99 Peer Group % Ratio	Licensure: Skilled Peer Group % Ratio	All Facilities % Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	87.4	86.4	1.01	88.2	0.99	87.3	1.00	88.8	0.98
Current Residents from In-County	93.6	85.0	1.10	88.5	1.06	85.8	1.09	77.4	1.21
Admissions from In-County, Still Residing	14.5	18.1	0.81	21.6	0.67	20.1	0.73	19.4	0.75
Admissions/Average Daily Census	132.5	199.9	0.66	187.2	0.71	173.5	0.76	146.5	0.90
Discharges/Average Daily Census	148.2	201.1	0.74	182.1	0.81	174.4	0.85	148.0	1.00
Discharges To Private Residence/Average Daily Census	60.2	83.1	0.73	76.7	0.79	70.3	0.86	66.9	0.90
Residents Receiving Skilled Care	91.0	95.8	0.95	96.7	0.94	95.8	0.95	89.9	1.01
Residents Aged 65 and Older	59.0	84.4	0.70	89.4	0.66	90.7	0.65	87.9	0.67
Title 19 (Medicaid) Funded Residents	87.2	61.2	1.42	48.4	1.80	56.7	1.54	66.1	1.32
Private Pay Funded Residents	1.3	13.7	0.09	31.2	0.04	23.3	0.06	20.6	0.06
Developmentally Disabled Residents	0.0	1.2	0.00	0.2	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	47.4	30.0	1.58	34.7	1.37	32.5	1.46	33.6	1.41
General Medical Service Residents	3.8	23.2	0.17	23.5	0.16	24.0	0.16	21.1	0.18
Impaired ADL (Mean)	40.5	52.9	0.77	50.4	0.80	51.7	0.78	49.4	0.82
Psychological Problems	66.7	51.7	1.29	58.0	1.15	56.2	1.19	57.7	1.16
Nursing Care Required (Mean)	3.2	8.4	0.38	7.3	0.44	7.7	0.42	7.4	0.43